

**HOSPITAL INPATIENT DATA FILE
(INCLUDES PSYCHIATRIC HOSPITALS)
PUBLIC DATA FILE LAYOUT
EFFECTIVE January 2006
Revised 05-25-2010**

ITEM	FIELD NAME	FREQUENCY
1.	System Record ID Number	
2.	Reporting Year	
3.	Reporting Quarter	
4.	Pro Code	
5.	Mod Code	
6.	Facility Region	
7.	Facility County	
8.	Hospital Number	
9.	Day of Week Admitted	
10.	Patient Age	
11.	Patient Gender	
12.	Patient Race or Ethnicity	
13.	Length of Stay (LOS)	
14.	Discharge Status	
15.	Type of Admission	
16.	Source of Admission	
17.	Emergency Department Hour of Arrival	
17.	Principal Payer	
18.	Patient Zip Code	
19.	Patient State of Residence	
20.	Patient County	
21.	DRG Code	
22.	Admitting Diagnosis	
23.	Principal Diagnosis Code	
24.	Other Diagnosis Codes	Occurs up to 30 times
25.	External Cause of Injury Codes	Occurs up to 3 times
26.	Principal Diagnosis Present on Admission Indicator	
27.	Other Diagnosis Present on Admission Indicator	Occurs up to 30 times
28.	External Cause of Injury Present on Admission Indicator	Occurs up to 3 times
29.	Principal Procedure Code	
30.	Other Procedure Code	Occurs up to 30 times
31.	Days To Procedure	Occurs up to 31 times
32.	Charges By Revenue	Occurs 22 times
33.	Total Gross Charges	
34.	Attending Physician ID	
35.	Operating or Performing Physician ID	
36.	Other Operating or Performing Physician ID	



HOSPITAL INPATIENT DATA FILE **(INCLUDES PSYCHIATRIC HOSPITALS)** **PUBLIC DATA FILE LAYOUT** **EFFECTIVE January 2006**

Note: This document lists data elements from Chapter 59E-7. For more information please visit <http://www.floridahealthfinder.gov> or visit <http://ahca.myflorida.com/schs/2005-2009-Resources.shtml>.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
1.	System Record ID Number sys_recid	A unique numeric system record identification (ID) number.
2.	Reporting Year: Year	A four digit number identifying the year in which the discharges occurred. A required field.
3.	Reporting Quarter: Qtr	A single digit number identifying the calendar quarter in which the discharges occurred. A required field. 1 – January through March 2 – April through June 3 – July through September 4 – October through December
4.	Procode pro_code	The Procode is a two digit number that is assigned to the reporting facility to indicate the facility's type of license for patient services. 23- Hospital
5.	Mod Code mod_code	An alphanumeric four character code that is assigned to the facility to indicate the specialty type of facility. CL00 – Class 1 Hospital excluding Obstetrics (OB) CL01 – Class 1 Hospital CL02 – Class 2 Hospital CL03 – Class 3 Hospital Psychiatric CL04 – Class 4 Hospital Intermediate Residential Treatment Facility (IRTF) CL06 – Class 1 Hospital Long Term Care CL07 – Class 1 Hospital Rural CL09 – Class 3 Hospital Rehabilitation CL10 – Class 3 Hospital Special Medical <i>(Note: Mod_Code of facilities is subject to change.)</i>
6.	Facility Region fac_region	The Facility Region is a number assigned to health care facilities to indicate the facility's location by AHCA district, as defined in 408.032 (5), Florida Statutes (See attached description of Facility Regions).
7.	Facility County fac_county	The Facility County is a number assigned to indicate the facility's location by county.

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
8.	Hospital Number: FacInbr	An eight to twelve digit hospital identification number assigned by the Agency for reporting purposes. A required field.
9.	Day of Week Admitted: weekday	A single digit code representing the day of the week the patient was admitted to the hospital. 1 – Monday 2 – Tuesday 3 – Wednesday 4 – Thursday 5 – Friday 6 – Saturday 7 – Sunday
10.	Patient Age: age	The patient's age on the admission date.
11.	Patient Gender: gender	A single digit code identifying the gender of the patient at admission. A required field. 1 – Male 2 – Female 3 – Unknown <i>(NOTE: Patient Gender 3, Unknown, is an acceptable reportable code effective with first quarter 1997 data.)</i>
12.	Patient Race or Ethnicity: race	A single digit code identifying the patient's racial/ethnic background. A required field. 1 – American Indian or Alaska Native 2 – Asian or Pacific Islander 3 – Black or African American 4 – White 5 – White Hispanic 6 – Black Hispanic 7 – Other (If None Of The Above) 8 – No Response (Data Not Available) <i>(NOTE: Patient Race data is available beginning with first quarter 1992 data. The patient race field for quarters prior to first quarter 1992 is zero filled.)</i>
13.	Length of Stay (LOS): losdays	Represents the number of days elapsed from the admission date to the discharge date. A patient discharged on the same day admitted will have a length of stay of zero (0).
14.	Discharge Status: dischstat	A two digit code representing the patient's discharge status (from the hospital). A required field. 01 – Discharged to home or self-care (with or without planned outpatient medical care) 02 – Discharged to a short-term general hospital 03 – Discharged to a skilled nursing facility 04 – Discharged to an intermediate care facility 05 – Discharged to another type of institution (cancer or children's hospital or distinct part unit) 06 – Discharged to home under care of home health care organization 07 – Left this hospital against medical advice (AMA) or discontinued care 08 – Discharged home under care of home IV Provider on IV Medications 20 – Expired 50 – Discharged to hospice - home 51 – Discharged to hospice – medical facility 62 – Discharged to an inpatient rehabilitation facility including rehabilitation distinct part units of a hospital 63 – Discharged to a Medicare certified long term care hospital 65 – Discharged to a psychiatric hospital including psychiatric distinct part units of a hospital <i>(NOTE: Discharge Status 50 and 51 are acceptable reportable codes effective with first quarter 2003 data. Discharge Status 62, 63, and 65 are acceptable reportable codes effective with first quarter 2006.)</i>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
15.	Type of Admission: admttype	<p>A single digit code. A required field.</p> <p>1 – Emergency The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions.</p> <p>2 – Urgent The patient requires attention for the care and treatment of a physical or mental disorder.</p> <p>3 – Elective The patient's condition permits adequate time to schedule the availability of a suitable accommodation.</p> <p>4 – Newborn Newborn baby born within the facility or the initial admission of an infant to any acute care facility within 24 hours of birth. <i>(NOTE: Type of Admission 4, Newborn, data is defined as above effective with first quarter 1997.)</i> A baby born not more than one month (30 days) prior to admission to the hospital; a baby born in the hospital or brought into the hospital from an outside/extramural birth. This code necessitates the use of specific appropriate "Source of Admission" newborn codes. <i>(NOTE: Type of Admission 4, Newborn, data is defined as above for quarters prior to first quarter 1997.)</i></p> <p>5 – Trauma Center Trauma activation at a State of Florida designated trauma center. <i>(NOTE: Type of Admission 5, was previously designated as "Other" for quarters prior to first quarter 2006. Type of Admission, "Other", was defined as type of admission is unknown or cannot be determined.)</i></p>
16.	Source of Admission: admsrc	<p>A two digit code. A required field.</p> <p>01 – Physician Referral The patient was admitted upon the recommendation of the patient's personal physician.</p> <p>02 – Clinic Referral The patient was admitted upon the recommendation of this facility's clinic physician.</p> <p>03 – HMO Referral The patient was admitted upon the recommendation of a health maintenance organization physician.</p> <p>04 – Transfer from a Hospital The patient was admitted as a transfer from an acute care facility where the patient was an inpatient.</p> <p>05 – Transfer from a Skilled Nursing Facility The patient was admitted as a transfer from a skilled nursing facility where the patient was at a skilled level of care.</p> <p>06 – Transfer – Other Facility The patient was admitted as a transfer from a health care facility other than an acute care facility or a skilled nursing facility.</p> <p>07 – Emergency Room. The patient was admitted through the emergency room upon the recommendation of an emergency room physician or other physician.</p> <p>08 – Court/Law Enforcement The patient was admitted at the direction of a court of law, or upon the request of a law enforcement agency representative.</p> <p>09 – Information Not Available The means by which the patient was admitted to this hospital is not known. <i>(NOTE: Admission Source 09, was previously designated as "Other" for quarters prior to first quarter 2006. Admission Source, "Other", was defined as means by which the patient was admitted to the hospital is not available or is unknown.)</i></p> <p><u>Codes Required for Newborn Admissions</u> (Type of Admission = 4):</p> <p>10 – Normal Delivery A baby delivered without complications.</p> <p>11 – Premature Delivery A baby delivered with time and/or weight factors qualifying it for premature status.</p> <p>12 – Sick Baby A baby delivered with medical complications, other than those relating to premature status.</p> <p>13 – Extramural Birth A newborn born in a non-sterile environment.</p> <p>14 – Other The source of admission is not described by subsections 1 through 13 above.</p>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
17.	Emergency Department Hour of Arrival hr_arrival	<p>A two digit code identifying the hour on a 24-hour clock during which the patient's registration in the emergency department occurred. A required field.</p> <p>00 – 12:00 Midnight to 12:59 01 – 01:00 to 01:59 02 – 02:00 to 02:59 03 – 03:00 to 03:59 04 – 04:00 to 04:59 05 – 05:00 to 05:59 06 – 06:00 to 06:59 07 – 07:00 to 07:59 08 – 08:00 to 08:59 09 – 09:00 to 09:59 10 – 10:00 to 10:59 11 – 11:00 to 11:59 12 – 12:00 noon to 12:59 13 – 01:00 to 01:59 14 – 02:00 to 02:59 15 – 03:00 to 03:59 16 – 04:00 to 04:59 17 – 05:00 to 05:59 18 – 06:00 to 06:59 19 – 07:00 to 07:59 20 – 08:00 to 08:59 21 – 09:00 to 09:59 22 – 10:00 to 10:59 23 – 11:00 to 11:59 99 – Unknown</p>
18.	Principal Payer: payer	<p>A single character alpha code identifying the expected primary source of reimbursement for services rendered based on the patient's status at discharge or time of reporting. A required field. <i>(NOTE: Expanded from four to thirteen payer codes beginning with first quarter 1992 data.)</i></p> <p>A – Medicare B – Medicare HMO or Medicare PPO <i>(Note: Payer B, "Medicare HMO and Medicare PPO", was defined as "Medicare HMO" prior to first quarter 2006.)</i> C – Medicaid D – Medicaid HMO E – Commercial Insurance F – Commercial HMO G – Commercial PPO H – Workers' Compensation I – CHAMPUS J – VA K – Other State/Local Government L – Self Pay/Under-insured (No third party coverage or less than 30% estimated insurance coverage) M – Other N – Charity O – Kidcare (Includes Healthy Kids, Medikids, and Children's Medical Services) <i>(NOTE: Payer N, Charity, is an acceptable reportable code effective with first quarter 1997 data and Payer O, Kidcare, is an acceptable reportable code effective with first quarter 2003 data. In addition, Payer L, Self Pay/Underinsured, was defined as Self Pay/Charity/Underinsured prior to charity receiving a separate code.)</i></p>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
19.	Patient Zipcode: zipcode	<p>The patient's permanent residence zip code. Zip codes are reported as indicated below for homeless patients, foreign residences, and where efforts to obtain the information were unsuccessful. A required field.</p> <p>00000 – Unknown ZIP Code 00007 – Homeless 00009 – Foreign Patient</p> <p><i>(NOTE: Zip code data are no longer masked for inpatient data sets. Previously, the zip codes were masked if the patient's residence was outside of Florida or in an area within the state where the population is less than 500 people.)</i></p>
20.	Patient State of Residence: ptstate	<p>The patient's state of residence. The patient's zip code is used to reference the U.S. Postal Service standard state or territory. XX- Unknown state of residence or not applicable.</p>
21.	Patient County (Florida Only): ptcounty	<p>The county of residence for Florida patients only. The patient's zip code is used to reference the U.S. Postal Service database. If a zip code crosses county lines, the county code will contain the code of the county in which the greatest portion of that zip code lies.</p> <p>99- Unknown or non-Florida patient</p>
22.	DRG Code: drg	<p>A three digit number representing the assigned Medicare Severity-Diagnosis Related Group (MS-DRG).</p> <p><i>(Note: Effective fourth quarter 2007, the Medicare Severity-Diagnosis Related Group (MS-DRG), a refinement of the Diagnosis Related Group, is reported in the DRG field. Data for 2007 quarters one through three, as well as, prior reported years are grouped using the applicable Diagnosis Related Group (DRG) version as directed by Centers for Medicare and Medicaid Services.)</i></p>
23.	Admitting Diagnosis admitdiag	<p>A valid ICD-9-CM or ICD-10-CM diagnosis code provided by the admitting physician at the time of admission which describes the patient's condition upon admission or purpose of admission. The code must be entered with a decimal point that is included in the valid code and without use of a zero(s) that are not included in the valid code. A required field. <i>(NOTE: Admitting diagnosis data is available beginning first quarter 2006.)</i></p>
24.	Principal Diagnosis Code: prindiag	<p>A valid ICD-9-CM or ICD-10-CM diagnosis code. The principal diagnosis is the code representing the diagnosis established, after study, to be chiefly responsible for occasioning the admission. The code must be entered with a decimal point that is included in the valid code and without use of zero(s) that are not included in the valid code. A required field. <i>(NOTE: Prior to first quarter 2006, principal diagnosis codes did not include decimal points between the third and fourth digit.)</i></p>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
25.	Other Diagnosis Codes: othdiag1 - othdiag30	<p>A code representing a condition that is related to the services provided during the hospitalization. A valid ICD-9-CM or ICD-10-CM diagnosis code excluding external cause of injury codes. The code must be entered with a decimal point that is included in the valid code and without use of a zero (s) that are not included in the valid code.</p> <p><i>(NOTE: The numbers of fields for other diagnosis codes were expanded from four to nine beginning with first quarter 1992 data. Effective first quarter 2006, the number of fields for other diagnosis codes expanded from nine to thirty fields. Prior to first quarter 2006, secondary diagnosis codes did not include decimal points.)</i></p>
26.	External Cause of Injury Codes: ecode1 - ecode3	<p>A code representing circumstances or conditions as the cause of the injury, poisoning, or other adverse effects recorded as a diagnosis. A valid ICD-9-CM or ICD-10-CM cause of injury code. The code must be entered with a decimal point that is included in the valid code and without use of a zero(s) that are not included in the valid code.</p> <p><i>(Note: External Cause of Injury data is available beginning first quarter 2006.)</i></p>
27.	Principal Diagnosis Present on Admission Indicator: poa_prin_diag	<p>A character alpha code differentiating whether the condition represented by the corresponding Principal Diagnosis code was present on admission or whether the condition developed after admission as determined by the physician, medical record, or nature of the condition.</p> <p>Y- Yes- Present at time that the order for inpatient admission occurs. N- No- Not present at the time that the order for inpatient admission occurs. U- Unknown- Documentation is insufficient to determine if condition is present on admission. W- Clinically Undetermined- Provider is unable to clinically determine whether condition was present on admission or not. E or Blank Field- Exempt- The condition is exempt from POA reporting.</p> <p><i>(NOTE: Present on Admission data for the principal diagnosis is available beginning first quarter 2007.)</i></p>
28.	Other Diagnosis Present on Admission Indicator: poa1 – poa30	<p>A character alpha code differentiating whether the condition represented by the corresponding Other Diagnosis Code (1) through (30) was present on admission or whether the condition developed after admission as determined by the physician, medical record, or nature of the condition.</p> <p>Y- Yes- Present at time that the order for inpatient admission occurs. N- No- Not present at the time that the order for inpatient admission occurs. U- Unknown- Documentation is insufficient to determine if condition is present on admission. W- Clinically Undetermined- Provider is unable to clinically determine whether condition was present on admission or not. E or Blank Field- Exempt- The condition is exempt from POA reporting.</p> <p><i>(NOTE: Beginning first quarter 2006, Present on Admission (POA) for secondary diagnoses was reported voluntarily. The POA was reported as a single digit or character alpha code as 1 or Y, 2 or N, 3 or U, W, or E or blank for POA1- POA30. As of second quarter 2007, the POA became a required reported field).</i></p>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
29.	Present on Admission External Cause of Injury Codes: poa_ext_injury1, poa_ext_injury2, poa_ext_injury3	<p>A character alpha code differentiating whether the condition represented by the corresponding External Cause of Injury Code (1) through (3) was present on admission or whether the condition developed after admission as determined by the physician, medical record, or nature of the condition.</p> <p>Y- Yes- Present at time that the order for inpatient admission occurs. N- No- Not present at the time that the order for inpatient admission occurs. U- Unknown- Documentation is insufficient to determine if condition is present on admission. W- Clinically Undetermined- Provider is unable to clinically determine whether condition was present on admission or not. E or Blank Field- Exempt- The condition is exempt from POA reporting.</p> <p><i>(Note: Present on Admission for external cause of injury is available beginning first quarter 2007.)</i></p>
30.	Principal Procedure Code: prinproc	<p>A valid ICD-9-CM or ICD-10-CM procedure code representing the procedure most related to the principal diagnosis. The code must be entered with a decimal point that is included in the valid code and without use of a zero(s) that are not included in the valid code. <i>(NOTE: Prior to first quarter 2006, principal procedure codes did not include decimal points. The decimal points were implied between the second and third digit.)</i></p>
31.	Other Procedure Codes: othproc1 - othproc30	<p>A code representing a procedure provided during the hospitalization. A valid ICD-9-CM or ICD-10-CM procedure code. The code must be entered with a decimal point that is included in the valid code and without use of a zero(s) that are not included in the valid code. <i>(NOTE: The number of fields for other procedure codes was expanded from two to nine beginning with first quarter 1992 data. Effective first quarter 2006, the number of fields for other procedure codes expanded from nine to thirty fields.)</i></p>
32.	Days To Procedure: days_proc, days_proc1- days_proc30	<p>Represents the number of days elapsed from the admission date to the procedure date. Procedures can take place up to three days prior to the admission date. Thus, this number can be negative (leading sign). The fields will contain zeros if the procedures are performed on the admission date.</p> <p>998 - The number of days to procedure is equal to or greater than 998 days. <i>(NOTE: The number of fields for days to procedure was expanded from one to thirty-one fields beginning first quarter 2006. Previously, the field was coded with 999 to indicate when no procedure is performed or unable to compute days to procedure. Currently, a blank (null value) is reported when no procedure is performed or when unable to compute days.)</i></p>
33.	Revenue Charges: (itemized charges 1 through 22)	<p>Indicates total charges by specific revenue code groups. A required field. Revenue charges are reported numerically without dollar signs or commas, excluding cents. Reported as zero if no charges. <i>(NOTE: Revenue charges data is available beginning with first quarter 1992. The revenue charge fields are zero filled prior to first quarter 1992.)</i></p>
	Room and Board Charges: (1) roomchgs	<p>Routine service charges incurred for accommodations. Includes Revenue Codes 110 through 169 as used in the UB-92 or UB-04.</p>

DATA ELEMENT / FILE COLUMN HEADING		DESCRIPTION
33.	Revenue Charges: (CONTINUED)	Indicates total charges by specific revenue code groups. A required field. Revenue charges are reported numerically without dollar signs or commas, excluding cents. Reported as zero if no charges. (NOTE: Revenue charges data is available beginning with first quarter 1992. The revenue charge fields are zero filled prior to first quarter 1992.)
	Nursery Charges: (2) nurchgs	Accommodation charges for nursing care to newborn and premature infants in nursery. Includes Revenue Codes 170 through 172 and Codes 174 through 179 as used in the UB-92 or UB-04. (NOTE: The data field includes Nursery revenue charges beginning with first quarter 2006. The data excludes Level III Nursery Charges.)
	Level III Nursery Charges (3) nurlllchgs	Accommodation charges for nursing care to newborn and premature infants for Level III nursery charges. Includes Revenue Code 173 as used in the UB-92 or UB-04. (NOTE: Level III Nursery Charge data is reported separately beginning with first quarter 2006.)
	Intensive Care Charges (4) icuchgs	Routine service charges for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit. Includes Revenue Codes 200 through 209 as used in the UB-92 or UB-04.
	Coronary Care Charges (5) ccuchgs	Routine service charges for medical care provided to patients with coronary illness who require a more intensive level of care that is rendered in the general medical unit. Includes Revenue Codes 210 through 219 as used in the UB-92 or UB-04.
	Pharmacy Charges (6) pharmchgs	Charges for medication. Includes Revenue Codes 250 through 259 and Codes 630 through 639 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 only Codes 250 through 259 were included.)
	Medical and Surgical Supply Charges (7) medchgs	Charges for supply items required for patient care. Includes Revenue Codes 270 through 279 and Codes 620 through 629 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 only Codes 270 through 279 were included.)
	Oncology Charges (8) oncochgs	Charges for treatment of tumors and related diseases, excludes therapeutic radiology services reported in Radiology or Other Imaging Services. Includes Revenue Codes 280 through 289 as used in the UB-92 or UB-04.
	Laboratory Charges (9) labchgs	Charges for the performance of diagnostic and routine clinical laboratory tests and for diagnostic and routine tests in tissues and culture. Includes Revenue Codes 300 through 319 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 300 through 309 and Codes 310 through 319 were reported separately.)

DATA ELEMENT NAME AND DATA FILE COLUMN HEADING		DESCRIPTION
33.	Revenue Charges: (CONTINUED)	Indicates total charges by specific revenue code groups. A required field. Revenue charges are reported numerically without dollar signs or commas, excluding cents. Reported as zero if no charges. (NOTE: Revenue charges data is available beginning with first quarter 1992. The revenue charge fields are zero filled prior to first quarter 1992.)
	Radiology or Other Imaging Charges (10) radchgs	Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging (MRI), nuclear medicine, and chemotherapy administration of radioactive substances. Includes Revenue Codes 320 through 359 and Codes 400 through 409 and Codes 610 through 619 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 320 through 329, Codes 330 through 339, Codes 340 through 349, Codes 350 through 359, and Codes 610 through 619 were reported separately. Codes 400 through 409 were included in Other Charges.)
	Operating Room Charges (11) oprmchgs	Charges for the use of the operating room. Includes Revenue Codes 360 through 369 as used in the UB-92 or UB-04.
	Anesthesia Charges (12) aneschgs	Charges for anesthesia services by the facility. Includes Revenue Codes 370 through 379 as used in the UB-92 or UB-04.
	Respiratory Services or Pulmonary Function Charges (13) respchgs	Charges for administration of oxygen, other inhalation services, and tests that evaluate the patient's respiratory capacities. Includes Revenue Codes 410 through 419 and Codes 460 through 469 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 410 through 419 was reported separately and Codes 460 through 469 were included in Other Charges.)
	Physical and Occupational Therapy Charges (14) phyocchgs	Report charges for physical, occupational or speech therapy. Includes Revenue Codes 420 through 449 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 420 through 439 was reported separately and Codes 440 through 449 were included in Other Charges.)
	Emergency Room Charges (15) erchgs	Charges for medical examinations and emergency treatment. Includes Revenue Codes 450 through 459 as used in the UB-92 or UB-04.
	Cardiology Charges (16) cardiochgs	Facility charges for cardiac procedures rendered such as, but not limited to, heart catheterization or coronary angiography. Includes Revenue Codes 480 through 489 as used in the UB-92 or UB-04.
	Trauma Response Charges (17) traumachgs	Charges for a trauma team activation. Includes Revenue Codes 680 through 689 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 680 through 689 were included in Other Charges.)
	Recovery Room Charges (18) recovchgs	Charges for the use of the recovery room. Includes Revenue Codes 710 through 719 as used in the UB-92 or UB-04.

DATA ELEMENT NAME AND DATA FILE COLUMN HEADING		DESCRIPTION
33.	Revenue Charges: (CONTINUED)	Indicates total charges by specific revenue code groups. A required field. Revenue charges are reported numerically without dollar signs or commas, excluding cents. Reported as zero if no charges. (NOTE: Revenue charges data is available beginning with first quarter 1992. The revenue charge fields are zero filled prior to first quarter 1992.)
	Labor Room Charges (19) laborchgs	Charges for labor and delivery room services. Includes Revenue Codes 720 through 729 as used in the UB-92 or UB-04.
	Treatment or Observation Room Charges (20) obserchgs	Charges for use of a treatment room or for the room charge associated with observation services. Includes Revenue Codes 760 through 769 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 760 through 769 were included in Other Charges.)
	Behavioral Health Charges (21) behavchgs	Charges for behavioral health treatment and services. Includes Revenue Codes 900 through 919 and Codes 1001 through 1009 as used in the UB-92 or UB-04. (NOTE: The data field includes these codes beginning with first quarter 2006 whereas prior to 2006 Codes 900 through 919 and Codes 100 through 109 were included in Other Charges.)
	Other Charges (22) otherchgs	Includes charges that are not reflected in any of the preceding specific revenue accounts in the UB-92 or UB-04. It does not include charges from Revenue Codes 960 through 999 for professional fees and personal convenience items.
34.	Total Gross Charges: tchgs	The total of undiscounted charges for services rendered by the hospital excluding professional fees and personal convenience items. The sum of all charges reported for above revenue charges 1-22 equals total gross charges plus or minus ten (10) dollars.
35.	Attending Physician Id: attenphyid	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who had primary responsibility for the patient's medical care and treatment or who certified as to the medical necessity of the services rendered. A required field. (NOTE: Unique physician identification numbers (UPIN) were accepted in this field through fourth quarter 1996. Attending physician ID data is available beginning with first quarter 1992. The attending physician ID field for quarters prior to first quarter 1992 is space filled.)
36.	Operating or Performing Physician Id: operphyid	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who had primary responsibility for the principal procedure performed. The operating or performing physician may be the attending physician. (NOTE: Unique physician identification numbers (UPIN) were accepted in this field through fourth quarter 1996. Operating physician ID data is available beginning with first quarter 1992. The operating physician ID field for quarter's prior to first quarter 1992 is space filled.)
37.	Other Operating or Performing Physician Id: otherphyid	The Florida license number of the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who assisted the operating or performing physician or performed a secondary procedure. The other operating or performing physician may be the attending physician. (NOTE: Other Operating or Performing Physician ID data is available beginning first quarter 2006.)

FLORIDA LOCAL HEALTH COUNCIL DISTRICTS (FACILITY REGIONS)

LOCAL HEALTH COUNCIL	COUNTIES
1	Escambia, Okaloosa, Santa Rosa And Walton
2	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla And Washington
3	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee And Union
4	Baker, Clay, Duval, Flagler, Nassau, St. Johns And Volusia
5	Pasco And Pinellas
6	Hardee, Highlands, Hillsborough, Manatee And Polk
7	Brevard, Orange, Osceola And Seminole
8	Charlotte, Collier, DeSoto, Glades, Hendry, Lee And Sarasota
9	Indian River, Martin, Okeechobee, Palm Beach And St. Lucie
10	Broward
11	Miami-Dade And Monroe

FLORIDA COUNTIES BY NUMBER AND REGION

NUMBER	COUNTY	REGION	NUMBER	COUNTY	REGION
1	Alachua	3	35	Lake	3
2	Baker	4	36	Lee	8
3	Bay	2	37	Leon	2
4	Bradford	3	38	Levy	3
5	Brevard	7	39	Liberty	2
6	Broward	10	40	Madison	2
7	Calhoun	2	41	Manatee	6
8	Charlotte	8	42	Marion	3
9	Citrus	3	43	Martin	9
10	Clay	4	44	Monroe	11
11	Collier	8	45	Nassau	4
12	Columbia	3	46	Okaloosa	1
13	Miami-Dade	11	47	Okeechobee	9
14	DeSoto	8	48	Orange	7
15	Dixie	3	49	Osceola	7
16	Duval	4	50	Palm Beach	9
17	Escambia	1	51	Pasco	5
18	Flagler	4	52	Pinellas	5
19	Franklin	2	53	Polk	6
20	Gadsden	2	54	Putnam	3
21	Gilchrist	3	55	St. Johns	4
22	Glades	8	56	St. Lucie	9
23	Gulf	2	57	Santa Rosa	1
24	Hamilton	3	58	Sarasota	8
25	Hardee	6	59	Seminole	7
26	Hendry	8	60	Sumter	3
27	Hernando	3	61	Suwannee	3
28	Highlands	6	62	Taylor	2
29	Hillsborough	6	63	Union	3
30	Holmes	2	64	Volusia	4
31	Indian River	9	65	Wakulla	2
32	Jackson	2	66	Walton	1
33	Jefferson	2	67	Washington	2
4	Lafayette	3	99	Unknown	N/A_